

REQUEST FOR CONFERENCE COURSE, INDEPENDENT STUDY, DEPARTMENT ASSISTANT

Choose one:	Conference Course	Independent Study	Department Assistant	
	Other			
Semester / Year:	/ 20			
Choose One:	Full Semester 1 st 8 weeks	Summer session # 2 nd 8 weeks		
Student Name				ID#
Course Number (Ex: PHLE XXX)				Credit Hours
Reason for Req				
("I have rYour sign	a copy of the syllabus. Tead and will comply with a complex complex. Intelliped the complex complex intelliped complex comple	ith the University's credit hour pol course will meet university expec llectual rigor, Moodle site complet	icy." tations and policies	
■ Your signature affirms that you have reviewed the instructor's required course will comply with university expectations and policies.			Date uest and university expectations, and that the	
Academic Dean	's Signature:			Date

VALID ONLY WHEN RECEIVED AND DATE-STAMPED BY REGISTRAR'S OFFICE